VA/DoD Clinical Practice Guideline for the Management of Postoperative Pain

Assessment and Diagnosis

- Preoperative patient evaluation is necessary to provide safe and effective pain management.
- Medical or surgical stabilization must be provided prior to or in conjunction with pain management.
- Pain management requires systematic use of standardized pain assessment tools
 pre-operatively, at scheduled intervals postoperatively, in response to new pain, and
 prior to discharge.
- The components of a good assessment should include both pain and its impact on function

Pain Management Education

- Education of the patient and those involved in their care is a central component of effective pain management:
- Education should provide the patients with realistic expectations about pain, the postoperative and discharge treatment plan and expected outcomes.
- Education decreases emotional distress, enhances coping skills and enables patients to participate in their treatment

Postoperative Interventions

- Postoperative pain management should be multimodal and individualized for the
 particular patient, operation, and circumstances. Understanding the range of available
 interventions and consideration of the type of surgery are essential to provide safe and
 effective pain management.
- Selection from among pain management options should be determined by balancing the advantages, disadvantages, contraindications, and patient preference. Most patients require more than one intervention for successful pain management.
- Management includes pharmacologic interventions (using the main classes of medication: opioids, NSAIDs, local anesthetics) and non-pharmacologic interventions (physical and cognitive modalities).
- Evaluation of the balance between pain control and side effects should be routine, timely, and specific. The interventions should be modified if indicated.
- Discharge plan should include a plan for continued pain management, be in place prior to discharge and be effectively communicated with the patient and those caring for the patient.

VA access to full guidelines: http://www.oqp.med.va.gov/cpg/cpg.htm DoD access to full guidelines: http://www.cs.amedd.army.mil/qmo

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No									Worst Possible
Pain	Mild Pain		Mode	rate Pain	_	s	evere Pair	า	Pain
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